## L05000003331

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SECRETARY OF STATE

TAN ALMSSEF FLORIDA

D. SCOTT MAY 1 7 2017

## **COVER LETTER**

T	D: Registration Sec Division of Corp			
SI	INMOBILIA	ARIA BALEARES, LLC		
		Name of Lim	nited Liability Company	
Th	e enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Ple	ease return all correspon-	dence concerning this matter	to the following:	
		ROBERT ELIAS, ESQ.		
			Name of Person	
		, PLLC		
		Firm/Company		
		15500 NEW BARN ROA	D, SUITE 104	
			Address	
		MIAMI LAKES, FL 3301	.4	
			City/State and Zip Code	
		relias@eliaslaw.net		
		E-mail address: (	(to be used for future annual report notification)	
Fo	r further information cor	ncerning this matter, please co	all:	
Pa	tricia Gonzalez-Perera,	СР	305 403-0055 at ( )	
	Name of I	Person	Area Code Daytime Telephone Number    \$55.00 Filing Fee &   \$60.00 Filing Fee,   Certificate of Status &   Certificate of	
En	closed is a check for the	following amount:	A CONTRACTOR OF THE CONTRACTOR	1
Ħ	\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)	,

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INMOBILIARIA BALEARES, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on January 11, 2005 and assigned Florida document number L05000003331
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
Emer Florida street dadress , Florida
City . Zip Code ?
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR/ME	ERIC REYES	15500 New Barn Rd, Suite 104	
		Miami Lakes, FL 33014	Remove
			☐ Change
MGR/M	EDGAR A. REYES	15500 New Barn Road, Suite 104	Add
		Miami Lakes, FL 33014	Remove
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	ayed effective date, but n	ot an effective tim	e, at 12:01 a.m. o	on the earlier o
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Filing Fee: \$25.00